

WELL DISCHARGE WASTEWATER TREATMENT INSPECTION FORM

Site Address (or location description): _____

Permittee (well owner): _____

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Inspector name(s): _____

Qualifications: _____

Affiliation: _____ Phone number(s): _____

Time and Date of Inspection: _____

Weather conditions (e.g. heavy rain): _____

Description of discharge water (after BMP treatment) and any impacts to the receiving stream (note clarity, changes in color, presence of suspended solids or stream deposits): _____

Does the discharge change the water quality of the receiving stream? Yes ☐ No ☐

If so, approximately how far down the stream do you see an impact from the discharge? _____

Are the BMPs providing adequate treatment? Yes ☐ No ☐

Are any repairs or adjustments necessary to maintain BMPs? Yes ☐ No ☐

If so, describe the needed BMP repairs or adjustments: _____

Are additional BMPs necessary to comply with General Permit #6? Yes ☐ No ☐

If repairs, adjustments, or additions to BMPs are needed, record the name of the person notified that such changes are needed and the date and time that notification was made:

Name: _____ Date/Time: _____

Other comments: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Permittee or Co-permittee Signature: _____ Date: _____